



Protected Health Information (PHI) includes any personal information relating to a patient's health status and/or health care history. Patients with PHI in the Wyoming Immunization Registry (WylR) may do the following:



- > View and Obtain Copies of Records
- > Grant and Limit Access to PHI
- > Update and Make Corrections to PHI

>> View and Obtain Copies of Records

A patient holds the right to request copies of his or her own information contained within the WylR. Additionally, a parent/guardian holds the right to request record copies of a minor or legal dependent.

To request access to Immunization Records:

1. Download and print the [Access to Records Request](#).
2. Fill out the required information. Do **not** fill out the area labeled For Office Use Only.
3. Send the request along with a copy of a valid ID (parent/guardian ID in the case of a minor) to WylR Support at the Wyoming Department of Health. These documents may be either faxed to **307.777.7996** or emailed to **wyir@wyo.gov**.

Records will be mailed to the physical address listed on the request unless otherwise specified.

If more information is needed, a member of WylR Support will contact the requester via phone.

Please note that the submission of patient information to the WylR by health care providers is optional, thus records requested from the WylR may be incomplete or absent altogether. Under HIPAA policies, Department of Health staff are not authorized to search for any records or to release any information until the proper request forms are received and reviewed for accuracy.



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- > **Update and Make Corrections to PHI**

>> **Grant and Limit Access to PHI**

A patient with PHI in the WyIR holds the right to both share access to his or her information and to restrict access to his or her information with outside parties, such as an employer or health plan.


Granting access to an outside party:

1. Download and print the [Use or Disclosure Authorization Request](#).
2. Fill out the required information*. Do **not** fill out the area labeled For Office Use Only.
 - * The Revocation Section does **not** need to be filled out **unless** the disclosure form was previously sent in and the patient now wishes to remove the access that was granted.
3. Send the request along with a copy of a valid ID (parent/guardian ID in the case of a minor) to WyIR Support at the Wyoming Department of Health. These documents may be either faxed to **307.777.7996** or emailed to **wyir@wyo.gov**.


Limiting access of an outside party:

1. Download and print the [Use and Disclosure Restriction](#).
2. Fill out the required information. Do **not** fill out the area labeled For Office Use Only.
3. Send the request along with a copy of a valid ID (parent/guardian ID in the case of a minor) to WyIR Support at the Wyoming Department of Health. These documents may be either faxed to **307.777.7996** or emailed to **wyir@wyo.gov**.

If more information is needed, a member of WyIR Support will contact the requester via phone.



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>> Update and Make Corrections to PHI

If PHI contained in the WyIR is outdated, incorrect and/or incomplete, the patient or the legal guardian of the patient holds the right to request that updates be made to that information.

To update records in the WyIR:

1. Download and print an [Amendment Request](#).
2. Fill out the required information*. Do **not** fill out the area labeled For Office Use Only.
 - * Be sure to review the list of reasons for which information may not be updated prior to submitting the form to ensure that WyIR Support is able to update the record as requested.
3. Send the request along with a copy of a valid ID (parent/guardian ID in the case of a minor) to WyIR Support at the Wyoming Department of Health. These documents may be either faxed to **307.777.7996** or emailed to **wyir@wyo.gov**.

If more information is needed, a member of WyIR Support will contact the requester via phone.

More information about PHI and patient rights may be obtained from the State of Wyoming Department of Health's [Notice of Privacy Practices](#).